

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766867

1. Entity Name

WINTER PARK AND MAITLAND POST NO. 10180 VETERANS

Principal Place of Business

Mailing Address

2706 WELLS AVENUE
FERN PARK FL 32730

2706 WELLS AVENUE
FERN PARK FL 32730-2034

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2320275

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ICARDI, ALDO, (ESQ)
990 LEWIS DRIVE
WINTER PARK FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME JOHNSON, CHARLES T
STREET ADDRESS 215 SHADY HOLLOW
CITY-ST-ZIP CASSELBERRY FL 32789

TITLE PD ☒ Change ☐ Addition
NAME PHILIP BURWINKEL
STREET ADDRESS 2706 WELLS AVE
CITY-ST-ZIP FERN PARK FL 32730

TITLE VD ☐ Delete
NAME LEIBOWITZ, JERRY
STREET ADDRESS 200 MAITLAND AVE 230
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32712

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☒ Delete
NAME LA ROSE, NOELLA T.
STREET ADDRESS 450 FITZWALTER DR
CITY-ST-ZIP WINTER PARK FL 32792

TITLE STD ☒ Change ☐ Addition
NAME JAMES W. WATSON
STREET ADDRESS 2706 WELLS AVE
CITY-ST-ZIP FERN PARK FL 32730

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James W. Watson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

401-838-8004

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90074 024 ****61.25



DO NOT WRITE IN THIS SPACE